

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		2-1-00
O.I.P.E. CLASSIFIER	W-1	303	2-17-00
FORMALITY REVIEW	Re-	30302	4-6-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
- (Through numeral) ..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
10		10	06/06/00
11		11	06/06/00
12		12	06/06/00
13		13	06/06/00
14		14	06/06/00
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Claim	Final	Original	Date
51		51	06/06/00
52		52	06/06/00
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100		100	06/06/00

Claim	Final	Original	Date
101		101	06/06/00
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148		148	06/06/00
149		149	06/06/00
150		150	06/06/00

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)